

Pro Se
 Dian Murphy
 4009 Hiawatha Drive
 Madison, WI 53711
 Phone 608-236-9301; Cell 608-212-0388; dimar3@me.com
 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

U.S. BANKRUPTCY COURT
 MARY A. SCHOTT, CLERK

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UNITED STATES BANKRUPTCY COURT
 DISTRICT OF NEVADA

In re: Eton Associates, LP Debtor(s).)))))))	BK- 05-50420 Chapter 7 MOTION TO WITHDRAW MONEY UNDER 28 U.S.C. SECTION 2042 Hearing Date: Hearing Time:
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There was a dividend check in the amount \$ 17,005.78 in the above- named case issued to John Murphy. Said check having not been cashed by said payee, the Trustee, pursuant to 11 U.S.C. Section 347(a), delivered the unclaimed money to the Clerk, US Bankruptcy Court.

PLEASE CHECK THE PARAGRAPH THAT APPLIES:

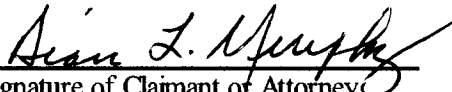
☐ Claimant is the creditor or debtor in whose behalf these moneys were deposited and is entitled to the moneys deposited.

☒ Claimant is not the creditor but is entitled to payment of these moneys because (Please state the basis for your claim to the moneys)

I am the sole heir to John Murphy who was my father. I am including documentation supporting my status.

1 Please attach copies of any supporting documentation.¹

2
3 Date: 8-5-2016

4
5
6 
Signature of Claimant or Attorney

7
8 Dian Murphy
Printed Name
4009 Hiawatha Drive

9
10 Madison, WI 53711

11 Mailing Address
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13
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15
16
17
18
19
20

21 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address
22

23 ¹ (i) If claimant is heir of deceased creditor, attach copies of death certificate and heirship order of court.

(ii) If claimant is assignee of creditor, attach copy of assignment.

24 (iii) If claimant is corporate successor of creditor, attach copies of all documents demonstrating such status.

25 (iv) If claimant is agent of creditor for purposes of filing this application, attach a copy of the agency agreement.

26 (v) Attach other documents showing entitlement should none of the foregoing apply.

STATE OF WISCONSIN, CIRCUIT COURT, DANE COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

☐ Amended**Proof of Heirship**☐ Informal Administration☐ Formal AdministrationCase No. 05-50420**UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:**

1. What is your name, mailing address and relationship to the decedent?

Name	Mailing Address	Relationship
DIAN L. MURPHY	4009 HIWATHA DR. MADISON WI 53711	DAUGHTER

2. Was the decedent survived by a spouse or domestic partner?

☐ Yes ☒ No

If YES, give name: _____

3. A. Did the decedent have any children? (Living or deceased; natural or adopted.)

☒ Yes ☐ No

If YES, list all names. (If deceased, indicate date of death.)

☐ See attached

Name of Decedent's Children	If Deceased, Date of Death
DIAN L. MURPHY	

- B. For each deceased child listed in 3A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted.)

☐ See attached

Name of Deceased Child in (3A)	Name of Deceased Child's Child(ren)	Date of Death

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in 3A., also the children of the surviving spouse or domestic partner?

☒ Yes ☐ No

If NO, give details: _____

Instructions:

Are there living persons listed in answers to questions 2. through 4.?

• If Yes, skip to question 8.

• If No, continue with question 5.

5. Did the decedent leave surviving parents?

☐ Yes ☐ No

If YES, list names.

Name

Proof of Heirship (Informal Administration and Formal Administration)

Page 2 of 2

Case No. _____

6. A. If no surviving parent, did the decedent have brothers or sisters? (Living or deceased; whole blood, half blood, adopted)

☐ No ☐ Yes

If YES, list all names. (If deceased, indicate date of death.)

Name of Decedent's Brothers or Sisters	If Deceased, Date of Death

B. For each deceased brother or sister listed in 6A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted) ☐ See attached

Name of Deceased Brother or Sister in (6A)	Date of Death	Name of Deceased Brother's or Sister's Children

7. If there are **no living persons** listed in questions 2. through 6B., list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named. ☐ See attached

MATERNAL (Mother)	PATERNAL (Father)
Grandfather:	Grandfather:
Grandmother:	Grandmother:
Descendants:	Descendants:

8. Did any of the persons named in 2. through 7. die within 120 hours (5 days) after the death of the decedent?

☒ No ☐ Yes

If YES, list name(s), date of death and descendant(s).

Name	Date of Death	Descendant(s)

State of WisconsinCounty of DaneSubscribed and sworn to before me on 08/05/16

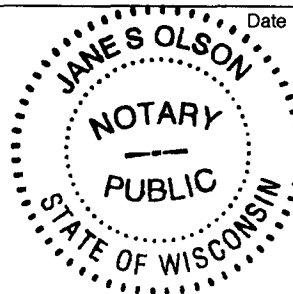
Notary Public/Court Official

Jane S Olson

Name Printed or Typed

My commission/term expires: 12-15-2019

► Dian L. Murphy
Signature
DIAN L. MURPHY
Name Printed or Typed
608-236-9301
Telephone Number
8-5-2016
Date



Form completed by: (Name)	
Address	
Telephone Number	Bar Number (If any)

H62535
 I.D. TAG NO.

051643
 Local File Number

**OREGON DEPARTMENT OF HUMAN SERVICES
 CENTER FOR HEALTH STATISTICS**

05-025729

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: John Middle: Davenport Last: MURPHY				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 7, 2005
4. SOCIAL SECURITY NUMBER 540-10-3535	5a. AGE-Last Birthday (Years) 87	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Ashland, Oregon	7. DATE OF BIRTH (Month, Day, Year) March 25, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check one only.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not an institution, give street and number.) 800 E. Pebble Beach Drive			9c. CITY, TOWN, OR LOCATION OF DEATH Ashland		9d. COUNTY OF DEATH Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Purchasing Agent		10b. KIND OF BUSINESS/INDUSTRY City Government		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Divorced	12. SPOUSE (If Married, Widowed) -
13a. RESIDENCE - STATE Oregon	13b. COUNTY Jackson	13c. CITY, TOWN OR LOCATION Ashland		13d. STREET AND NUMBER 800 E. Pebble Beach Drive	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97520	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (9-12) College (1-4 or 5+) 2
17. FATHER'S NAME First Middle Last John Murray Murphy		18. MOTHER'S NAME First Middle Maiden Blanche - Davenport		19. INFORMANT'S NAME and relationship to deceased Dian Murphy, Daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.) Litwiller-Simonsen Crematory		20c. LOCATION (City or Town, State) Ashland, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3360	22. NAME, ADDRESS AND ZIP CODE OF FACILITY Litwiller-Simonsen Funeral Home 1811 Ashland St., Ashland, OR 97520		
23. DATE FILED (Month, Day, Year) NOV 10 2005			24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **AUG 03 2016**

Jennifer A. Woodward
 JENNIFER A. WOODWARD, Ph.D.
 STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.



UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re:) BK-05-50420
Eton Associates, LP) Chapter 7
)
) AFFIDAVIT FOR REIMBURSEMENT
) OF UNCLAIMED FUNDS
Debtor(s).)
_____)

STATE OF: _____
COUNTY OF: _____

SOCIAL SECURITY NO/TAX ID: 542-50-9577

DIAN L. MURPHY of 4009 HIAWATHA DR. MADISON, WI
(NAME OF CREDITOR/DEBTOR) (ADDRESS) 53711

608-236-9301 being duly sworn, deposes and says:
(PHONE NUMBER)

That he/she is a creditor of the above-named bankrupt/debtor or is the debtor. That _____

Eton Associates, LP (Name of Debtor/Bankrupt) was duly adjudged a debtor/bankrupt in the United States Bankruptcy Court for the District of Nevada. That said creditor duly filed his/her claim, which claim was thereafter duly allowed or is the debtor in the above named case.

Dividends amounting to the sum of \$ 17,005.78 remain unpaid.

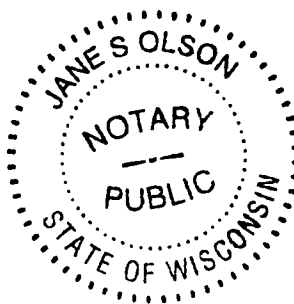
That the said claim has not been sold or assigned, and that it is still the property of the deponent.

It is therefore requested that the Clerk of this Court pay to Dian Murphy the sum of \$ 17,005.78.

Sworn and subscribed to before

me this 05 day of August 2016

Jane S. Olson
(Notary Public)



Sean L. Murphy
(Signature)

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

2
3 UNITED STATES BANKRUPTCY COURT
4 DISTRICT OF NEVADA

5 * * * * *

6 In re:

7 Eton Associates, LP

8
9 Debtor(s).
10

)
) BK-05-50420
) Chapter 7
)

) AFFIDAVIT OF SERVICE
)
)

11 Notice is hereby given to the court that on AUGUST 5, 2016, the
12 U.S. Attorney for the District of Nevada was advised, via United States Mail, of the "Motion
13 for Payment of Unclaimed Funds."
14
15

16 Date: 8-5-2016

Respectfully submitted,

17 Dean L. Murphy
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